

Glamorgan County Council.

EDUCATION COMMITTEE.

Annual Report

OF THE

School Medical Officer

ON

Medical Inspection of Children in Maintained Primary and
Secondary Schools for the Year 1950

BY

W. EVAN THOMAS, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H.

CARDIFF
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1951.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on the work of the School Health Service for the year ended the 31st December, 1950. The Report itself has been compiled by my Deputy, Dr. R. T. Bevan, who draws attention to problems associated with the Service, and it is my duty to acknowledge the most valuable assistance which he has given during the year. The returns of the numbers of examinations, children treated, and the defects ascertained have been primarily drawn up by the Divisional staff and record in figures the work of the Assistant Medical and Dental Officers and School Nursing Staff, who, under the direction of the Divisional Medical Officers, have satisfactorily performed the duties assigned to them.

The breakdown of the School Dental Service is of the greatest concern, and Mr. John Young, L.D.S., the Senior Dental Officer, comments on this in his report. It is interesting to note that while the number of sessions spent by the Dental Staff on treatment is the same as that for 1949, the number of fillings has dropped by 2,431; on the other hand extractions have increased by 7,693, and even with a reduced number of dentists there was an increase of 2,470 in the number of children treated. This emphasises clearly that the saving of the children's teeth has had to give way to an emergency service for the extraction of teeth no longer saveable and often causing toothache. The more time-consuming orthodontic treatment has also been drastically curtailed. It is evident that many children on leaving school, instead of being dentally fit and sound, will soon require dentures.

The School Dental Service is not alone in its shortage of recruits as the work and remuneration of Assistant School Medical Officers are not sufficiently attractive to doctors who see better prospects in other branches of medicine. Although there have been several vacancies on the staff, not one full-time male assistant has applied for appointment during the year and the work of medical inspection has been carried out mainly by women Medical Officers. As the work of routine medical inspection requires to be painstaking and methodical, an attribute possessed by most women, there is no great disadvantage in this except that there are certain duties which are preferably performed by men, as for example the examination of senior boys. Very few of the applicants have a diploma or certificate in Public Health, and therefore the recruitment to senior posts is a matter of grave concern.

The Clinic Services have continued as hitherto and there appears to be no immediate prospect of the Hospital Service assuming responsibility for refraction clinics. Most of the Assistant Medical Officers are refractionists of experience and the continuation of the existing arrangements whereby children are seen and examined in the local clinic should be continued, but replacement of the present experienced staff will be difficult and in one Division, to meet the mounting waiting list, it has been necessary to ask the local Hospital Management Committee for the part-time services of their Ophthalmologist.

The liaison with the hospitals has improved in certain parts of the County and reports are received on children discharged after in-patient treatment or examination in the out-patient department, but in others this most valuable information which would enable the School Nursing staff to make essential follow-up visits is still not forthcoming.

No better example of the value of co-operation between the School Health and the Hospital Services need be cited than the investigation of an infection arising among the children in a school in the Pontypridd and Llantrisant Division referred to in the Report.

The Health Visiting staff have a responsibility towards the whole family and are in possession of valuable information which would be of great assistance to Hospital Clinicians, especially the Paediatrician. There has been a trend to send out workers from the hospital to obtain particulars of patients under treatment. This data could be so easily supplied on request to the Divisional Medical Officer and it is evident that even closer co-operation than exists at present is required. Although still below establishment the Health Visiting and School Nursing staff, under their Superintendent, Miss E. G. Wright, have carried out their duties conscientiously and well.

The provision of residential accommodation for handicapped pupils has been under the consideration of the Special Services Committee of the Welsh Joint Education Committee during the year. Through its efforts a new residential school for the deaf at Llandrindod Wells was opened in October, 1950, to meet the need of deaf children from Wales. At the end of the year there were 45 Glamorgan children in attendance.

The instruction given in such a school is of inestimable value in training deaf children to become useful members of the community. Although it is not always easy to persuade parents of the advantages of this, the marked improvement achieved even after a short period soon convinces them of the real benefits to be derived. Prevention of handicapping defects must, however, be the first concern of a School Health Service, and an audiometric survey of the school children in the County has been commenced in the South-East Glamorgan Division. Those children in the Division found to have a degree of hearing loss requiring further investigation are referred to the Children's Ear, Nose, and Throat Hospital in Ely, where they are examined and given any necessary treatment.

The larger problem of provision for the educationally subnormal has been left to the individual Authorities. This has not yet been solved in Glamorgan, but some progress was made during the year by the acquisition of Hendre Hall, Monmouthshire, which it is hoped will be adapted during the coming year to accommodate educationally subnormal boys.

A grievous loss was suffered by the death of Mr. F. E. Hewitt, the first Principal of the County School for the Blind, Bridgend, whose sympathy and interest in all matters relating to the blind had the active support of this Committee and did much to build up the excellent reputation of this school, and his contribution to this Report, written shortly before his death, is the last of many contributions of value on the work of the school.

He had been associated with my department since the time of his appointment as Principal, and his unfailing co-operation and sincerity of purpose inspired the admiration and respect of all who had dealings with him. His activities in the sphere of blind education were equalled by his energetic work in craft training of adolescents and subsequent placement of old pupils in industry or in workshops for the blind.

His wise counsel will be missed in local and national bodies, where he was zealous in furthering the educational interests and opportunities of the blind.

As in preceding years, I have been encouraged by the interest and help of the Chairman and Members of the Committee in the work of the School Health Service.

This Report would be incomplete without an expression of my thanks to the Divisional Medical Officers and their staffs, whose help and co-operation are so essential to the smooth working of the Department. My thanks are also due to the members of my central office staff for their continued good work.

I am also indebted to Dr. D. J. Thomas for his report on the work of the School Health Service in the Rhondda Exceeded District during the year.

I am,

Your obedient servant,

W. E. THOMAS,

County School Medical Officer.

SCHOOL MEDICAL OFFICER'S DEPARTMENT.

STAFF.

The Medical, Dental, and Senior Nursing Staff of the School Health Service during the year 1950 was as follows :—

SCHOOL MEDICAL OFFICER.

W. EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

DEPUTY SCHOOL MEDICAL OFFICER.

R. T. BEVAN, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

DIVISIONAL MEDICAL OFFICERS.

J. LLEWELLYN WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

E. C. POWELL, M.R.C.S., L.R.C.P., D.P.H.

KATHLEEN DAVIES, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

H. R. STUBBINS, M.D., D.P.H.

T. ISLWYN EVANS, M.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.

D. J. DAVIES, M.B.E., M.D., B.SC., B.S., D.P.H.

D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H.

G. E. DONOVAN, M.SC., M.D., B.CH., B.A.O., D.P.H.

ASSISTANT MEDICAL OFFICERS.

R. B. DAVIES, M.B., B.CH. (From 20th February, 1950, to 27th May, 1950.)

GWYLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

PATRICIA H. EVANS, M.B., B.CH.

AMY L. JAGGER, M.D., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

ALYS M. JENKINS (formerly RICHARDS), M.B., B.CH., B.SC.

NAUNTON R. JENKINS, M.R.C.S., L.R.C.P., D.P.H.

BRENDA M. MEAD, M.B., B.CH., C.P.H.

WINIFRED E. PROBERT, M.R.C.S., L.R.C.P., D.P.H. (From 2nd January, 1950.)

ENID REED, M.B., B.CH.

OLWEN V. REES, M.B., B.CH.

ESME S. ROGERS, M.B., B.CH. (From 20th November, 1950.)

AMELIA ROWLES, M.B., B.CH., C.P.H. (To 1st November, 1950.)

MOREEN WHELTON, M.B., B.S., B.SC., B.A.O., M.R.C.S., L.R.C.P., D.P.H.

DORIS WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Temporary.

G. VINE COLE, M.R.C.S., L.R.C.P.

N. K. CONTRACTOR, M.R.C.S., L.R.C.P.

MARGARET DAVIES, M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.

MAIR LLOYD JENKINS (formerly Edwards), M.B., B.CH.

ELIZABETH JONES, M.B., B.CH., B.A.O., B.G.O., L.M.

KATHLEEN E. J. JONES, M.R.C.S., L.R.C.P., C.P.H.

JEAN E. MORGAN, M.B., CH.B.

MARY PARRY JONES, M.R.C.S., L.R.C.P., D.P.H. (From 1st November, 1950.)

JENNET REES, M.B., CH.B., D.P.H.

Part-time.

- S. C. J. FALKMAN, L.R.C.P., L.R.C.S., L.R.F.P. AND S., L.M., D.R.C.O.G., D.P.H.
 D. HUBERT J. WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
 MARGARET WILLIAMS, M.B., B.CH. (To 23rd March, 1950.)
 MARY EVANS, M.D., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.

CONSULTING ORTHOPAEDIC SURGEONS.

- DILLWYN EVANS, F.R.C.S.
 J. BERRY HAYCRAFT, F.R.C.S. (To 30th June, 1950.)
 G. ROWLEY, F.R.C.S.
 E. W. MEURIG WILLIAMS, B.SC., M.B., B.CH. (From 1st October, 1950.)

SENIOR DENTAL OFFICER.

- JOHN YOUNG, L.D.S.

DENTAL SURGEONS.

- W. U. AUERBACH, M.D. (Berlin). (From 1st March, 1950.)
 F. S. S. BAGULEY, L.D.S.
 MARY M. M. DAVIES, L.D.S. (To 7th July, 1950.)
 JOHN I. HUGHES, L.D.S.
 C. I. T. MORGAN, L.D.S.
 P. D. M. ROWLANDS, L.D.S. (From 2nd January, 1950.)
 J. M. THOMAS, L.D.S., R.C.S. (From 1st May, 1950, to 23rd December, 1950.)
 AGNES N. WALLACE, L.D.S.
 H. P. R. WILLIAMS, L.D.S.

Part-time.

- MARY M. M. DAVIES, L.D.S. (From 21st July, 1950.)
 T. J. DAVIES, L.D.S.
 F. G. EVANS, L.D.S.
 E. HEVIN JONES, L.D.S. (To 3rd November, 1950.)
 J. E. JONES, L.D.S.
 J. GRAHAM JONES, L.D.S.
 L. M. LLOYD, L.D.S. (From 21st September, 1950, to 5th October, 1950.)
 W. A. PEACH, L.D.S.
 PAULINE THOMAS, L.D.S., R.C.S.
 J. M. THOMAS, L.D.S., R.C.S. (From 28th December, 1950.)
 M. WISE, D.D.S. (Strasburg). (To 1st June, 1950.)

SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE.

- ELLEN G. WRIGHT, S.R.N., H.V.CERT., S.C.M.

DIVISIONAL SUPERINTENDENTS OF HEALTH VISITORS AND SCHOOL NURSES.

J. M. DAVIES, S.R.N., H.V.CERT., S.C.M.

MARY MORGAN, S.R.N., H.V.CERT., S.C.M.

G. M. CROMWELL, S.R.N., H.V.CERT., S.C.M.

I. TOYE, S.R.N., H.V.CERT., S.C.M., Home Teacher's Certificate of the College of Teachers of the Blind

C. M. WILLIAMS, S.R.N., H.V.CERT., S.C.M.

O. F. DAVIES, S.R.N., S.C.M.

E. C. THOMAS, S.R.N., C.S.I., S.C.M.

W. G. GRIFFITHS, S.R.N., H.V.CERT., S.C.M.

RHONDDA EXCEPTED AUTHORITY.

DISTRICT SCHOOL MEDICAL OFFICER.

D. J. THOMAS, M.B., B.S., B.SC., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS.

E. JOYCE EVANS, M.B., B.CH.

PHOEBE J. M. GRIFFITHS, M.B., B.CH., B.SC.

JOY A. MCGREGOR, M.B., B.CH.

NESTA G. MORGAN, M.B., B.CH., M.R.C.S., L.R.C.P.

JOHN REACH, M.D. (Prague). (To 9th December, 1950.)

ASSISTANT DENTAL SURGEONS.

MARGARET E. BYRNE, D.D.S.

Part-time.

ALUN R. OWEN, L.D.S. (From 21st August, 1950.)

D. G. E. ROBERTS, B.D.S. (From 27th February, 1950.)

SUPERVISOR OF HEALTH VISITORS AND SCHOOL NURSES.

LILIAN MORGAN, S.R.N., H.V.CERT., S.C.M.

NURSING AND ANCILLARY STAFF (INCLUDING RHONDDA).

The total number of Health Visitors and School Nurses in the employ of the Authority on the 31st December, 1950, was 113.

The time devoted to School Health Service work during the year is equivalent to the whole-time of 35.97 nurses.

The staff engaged in ancillary services included :—

- one whole-time physiotherapist ;
- two whole-time speech therapists ;
- twelve whole-time dental attendants.

The following statistics show the extent of the work of the Department during the last ten years. The figures relating to members of the staff during the war years include those serving in H.M. Forces.

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1940-1950.

STAFF.	1940.	1945.	1946.	1947.	1948.	1949.	1950.
(i) Assistant Medical Officers ..	11 ⁺	9	16 ^{††}	20 ^{†††}	21	25	27
(ii) Consultant-Orthopaedic Surgeon	1	1	1	1	3	4	4
(iii) Dental Surgeons	13	12||	15||	19||||	15	12	13
(iv) School Nurses	28 ^{**}	27 [*]	40 [†]	40	84	110	119
MEDICAL INSPECTION.							
(i) Routine Examinations ..	15,923	12,575	18,468	22,690	34,167	33,668	29,232
(ii) Special Examinations ..	2,645	2,134	2,977	5,033	7,943	8,030	8,341
(iii) Re-examinations	8,354	7,461	10,137	12,678	25,625	28,455	24,931
Totals	26,922	22,170	31,582	40,401	67,735	70,153	62,504
DENTAL INSPECTION.							
(i) No. of children inspected by School Dentists	31,925	19,894	49,201	54,224	59,059	36,828	51,479
TREATMENT.							
(i) No. of Treatment Centres ..	45	35	49	57	60	50	48
(ii) Attendances at School Clinics.							
(a) Dental	52,185	22,268	39,926	49,281	67,022	48,942	48,970
(b) Refraction	4,922	5,758	6,696	9,067	13,385	11,824	12,068
(c) Orthopaedic	2,934	2,327	2,984	5,748	9,004	11,011	10,066
(d) Minor ailments	—	—	—	—	18,793	12,757	10,797
(e) Speech Therapy	—	—	—	—	2,361	3,526	3,641
Totals	60,041	30,353	49,606	64,096	110,565	88,060	85,542
(iii) Treatment.							
(a) No. of teeth extracted	39,956	18,705	29,980	34,075	48,472	41,552	49,245
(b) No. of fillings	15,022	6,832	15,116	20,244	25,337	13,592	10,987
(c) No. of teeth filled ..	—	—	—	—	—	—	9,661
(d) No. of other operations	8,132	3,054	7,518	10,270	17,156	10,410	6,740
Totals	63,110	28,591	52,614	64,589	90,965	65,554	76,633
SCHOOL NURSES.							
(i) No. of examinations of children at school for uncleanness	167,285	211,774	280,950	266,506	326,991	290,576	298,550
(ii) No. of re-examinations ..	22,681	21,317	24,985	31,573	73,185	77,789	75,637
(iii) No. of visits paid to homes ..	28,189	27,475	30,388	32,255	34,257	36,065	28,104

* Including two trained Orthopaedic Nurses.

† Includes one trained Orthopaedic Nurse.

†† Including two part-time Assistant School Medical Officers.

††† Including six part-time Assistant School Medical Officers.

‡ Including three temporary Assistant School Medical Officers.

** Including two trained Orthopaedic Nurses and five temporary School Nurses.

|| Including three part-time Assistant Dental Officers.

|||| Including four part-time Assistant Dental Officers.

The figures for 1948, 1949, and 1950 relating to Staff are expressed in terms of full-time officers and include time devoted to general health services. Details in respect of the Rhondda Exempted District are also included.

1. SCHOOL MEDICAL INSPECTION.

It is disappointing that an extension of the School Health Service cannot be reported. The statistics of routine and special examinations show a 10 per cent reduction, as compared with the figures for 1948. Reference to Table II of the Statistical Appendix reveals that as a result of the periodic inspections of 29,232 school children no less than 6,394 defects were discovered that required treatment. The most commonly found defects were: Orthopaedic 2,276, Visual 1,675, Nose and Throat 1,015. It is, therefore, apparent that these periodic medical inspections must continue if the health of the school child is to be safeguarded. There seems little hope that the staffing position of medical officers will improve in the near future. The total number of full-time assistant medical officers in the County at the end of the year was only 21, as against an establishment of 39.

It would be impossible to continue the service if it were not for the part-time officers. If there is any further deterioration, then a change of policy must be seriously considered. Would it be expedient for general practitioners to carry out the routine medical examinations of the children on their treatment lists? There is much to commend this policy, but it is also suggested that at present the general practitioner is already overburdened by his curative duties and in times of epidemics, in particular, such an arrangement would be impracticable. However, despite the difficulties there will be no other alternative if the recruits to the Public Health Service are not forthcoming.

The treatment of defects found on routine inspection is a matter of some concern. Under the existing division of responsibilities of the National Health Service it has become more difficult to follow up cases and to ensure that the treatment advised has been carried out. It is now the practice to inform the general practitioner of any defect discovered and he then arranges for the appropriate treatment. In some cases the practitioner requests that the arrangements for hospital treatment be arranged by the School Health Service and this is considered a most useful practice since it enables the School Health Service to maintain a close watch on the child. In other instances, however, where the hospital appointments are made by the general practitioner there is a tendency for the school service to be kept in ignorance of developments, and it is only by special follow-up examinations that it is possible to ascertain whether the treatment has, in fact, been carried out.

The liaison between hospital and general practitioners and school health services has not yet attained a uniformly satisfactory level, but it is hoped that even under the existing administrative arrangements of the National Health Service there will be improvements in this respect.

It is a sad reflection that during the initial teething stages of the National Health Service the children have suffered the greatest check on their medical care. Examples which come readily to mind are the delay which occurred in providing for operative treatment for tonsils and adenoids and the breakdown of the school dental service. Waiting lists for ear, nose, and throat treatment lengthened during the prevalence of poliomyelitis during the summer of 1950, when it was considered advisable to suspend operative treatment for the removal of tonsils.

The dental service has remained inadequate, but in respect of ear, nose, and throat conditions, there was a marked improvement during the late months of 1950 and some of the Hospital Management Committees are well on the way to providing a highly satisfactory service.

Nutrition.

As was stated in my School Annual Report for 1949, the assessment of the degree of nutrition is fraught with difficulties. The following table shows the percentage of children categorised as of poor nutrition:—

PERCENTAGE OF PUPILS CATEGORISED AS POOR NUTRITION, 1948-50.

Division	Entrants			2nd Age Group			3rd Age Group		
	1948	1949	1950	1948	1949	1950	1948	1949	1950
Aberdare and Mountain Ash ..	1.28	1.12	0.56	1.35	0.20	—	2.53	0.37	0.55
Caerphilly and Gelligaer ..	3.23	10.13	7.20	4.80	13.15	12.76	2.19	7.10	6.30
Mid-Glamorgan	4.71	2.52	1.98	5.24	5.55	2.84	2.36	1.41	1.42
Neath and District	0.81	2.41	5.43	1.07	1.55	3.04	0.23	1.27	1.53
Pontypridd and Llantrisant ..	3.87	3.23	2.61	5.21	7.48	7.82	4.65	13.17	9.63
Port Talbot and Glyncoirwg ..	5.34	6.57	4.00	7.42	16.23	11.61	4.90	12.62	4.44
South-East Glamorgan	0.94	3.53	1.39	3.14	3.73	4.20	2.52	6.54	8.54
West Glamorgan	2.37	2.20	2.56	2.80	5.41	4.51	1.90	4.08	2.35
Rhondda	1.91	0.80	0.58	2.49	1.47	0.72	1.05	0.55	0.50
Total	2.64	3.08	2.33	3.67	5.76	4.87	2.35	4.65	3.44

It will be seen from the table that the figures generally show an improvement on those of 1949, as in each age group the total percentage classified as of poor nutrition has fallen, but in respect of the second and third age groups the figures are higher than in 1948. However, I must stress that the detailed figures must be analysed with caution due to the fallacies which are apt to occur as a result of the varying standard of the different medical officers carrying out the assessments.

Cleanliness.

	Nits in hair		Skin dirty or verminous	
	Boys	Girls	Boys	Girls
1908-1911 ..	% 9.3	% 38.9	% 4.3	% 4.1
1918-1921 ..	0.7	17.2	0.9	0.3
1935-1938 ..	0.5	2.6	0.6	0.3
1945-1948 ..	0.9	5.6	0.6	0.3
1949	1.0	5.0	0.4	0.2
1950	0.8	4.2	0.2	0.1

The above table shows the improvement that has taken place in the cleanliness of school children since the early days of the School Health Service. The 1914-1918 period saw a change in feminine hair styles and the bobbed hair fashion, although it might have shocked the grandmothers of the period, did much to improve the cleanliness of school children's heads.

The School Nurses and Health Visitors make fairly frequent visits to each school specially to conduct cleanliness surveys ; their keenness, as well as the interest shown by individual teachers and the personal efforts of the parents themselves have all played a part in securing the improved standards revealed in this table.

2. MILK AND MEALS IN SCHOOL.

The pupils who obtain milk in school are as follows :—

	Number		Percentage	
	1949	1950	1949	1950
Pasteurised ..	93,813	91,601	87.98	86.52
Tuberculin Tested	578	250	0.54	0.24
Accredited ..	64	131	0.06	0.12
Ungraded ..	466	182	0.44	0.17
Number not receiving milk ..	11,704	13,715	10.98	12.95

It will be noted that the percentage of children receiving ungraded milk is exceedingly small. The aim should be for all children to receive satisfactorily pasteurised milk since this is the only safe supply.

The increase in the percentage of children not taking milk is disappointing.

The following table gives the number of children receiving meals and milk on 11th October, 1950, together with details of the number of canteens, schools served, etc. :—

PROVISION OF MEALS AND MILK.

SUMMARY OF RETURNS FROM DIVISIONAL EXECUTIVE OFFICERS, INTERMEDIATE AND TECHNICAL SCHOOLS.

DAY IN OCTOBER, 1950. (11TH OCTOBER, 1950.)

Division	No. of Pupils in attendance			No. of Pupils taking Meals							No. of Pupils taking Milk			Nursery Schools			Day Special Schools			No. of Canteens	No. of Schools served	No. of Schools or Departments not yet served	No. of Children not at School provided with milk
				Primary			Secondary			Total													
	Prim- ary	Second- ary	Total	Free	Pay- ment	Total	Free	Pay- ment	Total		Prim- ary	Second- ary	Total	No. of Pupils	Meals	Milk	No. of Pupils	Meals	Milk				
Aberdare and Mountain Ash	7252	2005	9257	516	1245	1761	217	413	630	2391	6801	1594	8395	39	39	39	82	82	82	49	72	1	6
Caerphilly and Gelligaer ..	8691	1904	10595	799	3249	4048	154	921	1075	5123	8272	1485	9757	37	37	37	—	—	—	61	73	—	1
Mid-Glamorgan	10160	3212	13372	743	4684	5427	299	1841	2140	7567	9386	2072	11458	104	104	104	—	—	—	73	87	1	20
Neath and District ..	7638	562	8200	303	3718	4021	14	319	333	4354	6952	305	7257	35	35	35	—	—	—	44	55	—	—
Pontypridd and Llantrisant	8378	1366	9744	554	2166	2720	119	299	418	3138	7867	925	8792	28	28	28	11	6	11	36	61	1	—
Port Talbot and Glyncoirwg	6284	845	7129	252	1780	2032	49	425	474	2506	5877	660	6537	—	—	—	—	—	—	33	38	—	—
South-East Glamorgan ..	10937	820	11757	383	3616	3999	20	565	585	4584	10164	451	10615	40	40	40	25	25	25	56	79	2	40
West Glamorgan	6980	962	7942	516	4464	4980	111	699	810	5790	6105	612	6717	26	26	26	—	—	—	56	65	1	8
Intermediate Schools and Technical Colleges	—	9276	9276	—	—	—	441	6090	6531	6531	—	6458	6458	—	—	—	—	—	—	23	26	—	—
Totals	66320	20952	87272	4066	24922	28988	1424	11572	12996	41984	61424	14562	75986	309	309	309	118	113	118	431	556	6	75
Rhondda	12395	6212	18607	1155	2443	3598	819	2217	3036	6634	11791	4387	16178	239	239	239	—	—	—	86	95	—	1
Totals	78715	27164	105879	5221	27365	32586	2243	13789	16032	48618	73215	18949	92164	548	548	548	118	113	118	517	651	6	76

to

3. HANDICAPPED CHILDREN AND YOUNG PERSONS.

A change in the Ministry's requirements in respect of the education of handicapped children and young persons in independent schools and otherwise than at school has simplified the former procedure under which it was necessary to submit individual proposals to the Minister for his approval. From September, 1950, the general conditions on which the Minister will be prepared to approve an authority's arrangements are as follows :—

Unless there are special circumstances, a place should only be taken up at an independent school when no suitable place can be found in a special school.

The authority will be responsible for satisfying itself that the school chosen is suitable for the pupil concerned, will arrange in such a manner as it thinks suitable for his medical examination at least once a year, and for periodical visits to the school in order to see that he is benefiting from the special educational treatment provided.

The fees payable will be reasonable, having regard to the special educational treatment required and to the cost of obtaining similar treatment at a special school.

Where by any reason of extraordinary circumstances children or young persons are unable to attend suitable schools for the purpose of receiving primary or secondary education, tuition otherwise than at school can be provided to children in the following categories :—

(i) Children in hospitals where there are not ordinarily enough children to warrant the establishment of a hospital special school ;

(ii) Children who are educable but whose condition is such that it is inadvisable to send them to school, e.g. those who have been ill and are not yet fit enough for an ordinary school or special school, or whose physical disabilities are such that no school will admit them ;

(iii) Children awaiting a vacancy at a special school.

These arrangements, which are set out in detail in the Ministry's "Manual of Guidance" (Special Service No. 1), simplify the present procedure. At present independent schools are being assisted by the Committee in respect of two educationally subnormal pupils. On the 1st December 15 physically handicapped pupils were receiving education at home.

Reference to Table IV B. in the Statistical Appendix shows that during the year 180 pupils were newly ascertained as requiring education at special schools. It was possible, however, to obtain vacancies for only 73. Numerically the greatest deficiency was in respect of places for educationally sub-normal pupils, but it is anticipated that a residential special school will be opened by the Authority in the near future.

There has been no difficulty in obtaining vacancies in schools for blind or deaf pupils, but in isolated instances considerable persuasion has been necessary before parents have given their consent for the admission of their children.

(a) Educationally Sub-normal Pupils.

The present position in the County can be summarised as follows :—

EDUCATIONALLY SUB-NORMAL PUPILS (INCLUDING RHONDDA).

Recommendation	Not attending School	At Ordinary School	At Special Day School	At Special Boarding School	Total
Education at Ordinary School with special treatment	—	329	—	—	329
Education in Special Day School	—	85	92	—	177
Education at Boarding School	1	206	10	13	230
Total	1	620	102	13	736

(b) *Blind and Partially Sighted Pupils.*

As the Committee is aware, Glamorgan pupils within this category are educated at the Bridgend Residential School for the Blind, which provides accommodation for blind or partially sighted pupils from the whole of Wales. The Kindergarten extension, which was nearing completion at the end of the year, will have accommodation for 15 children of 5-8 years of age, but there is no reason why blind or partially sighted children should not be accepted at the age of 4.

The following is the report of Mr. Hewitt, who was the Principal of the School for the Blind, Bridgend. His untimely death in the early part of 1951 means that this is his last report and tribute must be paid to him for his outstanding work and endeavour on behalf of his school since its inception. Much of the undoubted success of the School at Bridgend has been due to his enthusiasm and unbounded energy:—

“On the 21st January the School celebrated its coming of age. This was done in the true traditional style with everyone assembling outside and a pupil officially opening the School with the words ‘Let there be light.’ The staff and pupils were very pleased to have the School Committee with them on this occasion, when a most interesting programme was arranged in which the various classes gave items in which they paid tribute to the School and those who were responsible for its being. With the exception of a few minor ailments, the health of the pupils on the whole has been excellent.

On the 25th February, Matron E. E. Jones resigned due to ill-health. As there was no response to the advertisement for a successor to Matron Jones, Miss R. R. Thomas, B.A., very kindly assumed the duties of Acting Matron up to the end of the year. Miss Thomas is the senior Mistress at the School and we were more than pleased with the admirable way in which she carried on with the duties of Acting Matron.

The many visitors included those from the various Universities and Training Colleges in the country, Social Service Groups, as well as visitors from overseas.

Miss N. Owen, the blind Music Mistress, left in April after giving valuable service since the opening of the School. She has been succeeded by Miss O. Lewis, who is also blind. It is gratifying to note that all the pupils who have taken Music Examinations during the year were successful in getting through.

Two classes have been formed especially for the retarded pupils. As the classes are smaller than the usual, pupils are able to have more individual attention, and it is indeed encouraging to note the progress of some of these children.

The three main events of the year attained their usual standard (Eisteddfod, Sports, and Christmas Concert).”

(c) *Maladjusted Pupils.*

“The Lindens” Hostel at Penarth has continued to function and, as must be anticipated, has had its successes and failures. The staff of Whitchurch Mental Hospital have continued to give their valuable services—Dr. J. P. Spillane the visiting psychiatrist, Mrs. A. M. Jones the psychologist and occupational therapists. The excellent liaison between the Hostel and the Child Psychiatric Out-patient Department of the Cardiff Royal Infirmary has been maintained.

This type of hostel is still in the experimental stage. Following admission the behaviour of children has improved, but one cannot help wondering whether such hostels are treating the symptoms rather than the “disease.” The experience at “The Lindens” shows that the maladjusted child is the result of an unsatisfactory home background. When at the hostel the child improves but eventually he must return to his old environment and if nothing or little has been done to treat the underlying cause at the same time, then the chance of a relapse is great. It is essential, therefore, that contact must be retained with the child’s family. This is almost impossible when the child comes from a distance.

Serious consideration will have to be given regarding the policy of admission from outside Authorities. It is probable that better results would be obtained if, in future, cases were accepted only from Glamorgan and Cardiff. This would make it possible for close contact to be retained between the hostel, the parents, and the child.

(d) *Physically Handicapped.*

Cases of cerebral palsy form an important group within the category of physically handicapped pupils. In the past many of these children have been allowed to vegetate without any form of education. There are at the moment a number of special boarding schools available for these children and some Glamorgan children are in attendance. Many "spastics" can well be taught in an ordinary school when their physical defect is not great—these are not included within the strict definition of physically handicapped pupils. There are many others where there has been marked impairment of mental capacity and in some cases they must be regarded as ineducable.

The following table shows that in the County of Glamorgan only 28 have been recommended for education in schools for Physically Handicapped, and of this number six are in such schools and eight are receiving home tuition :—

I. School children.

	Recommendation							
	Ordinary School		School for Educationally Sub-normal Pupils		School for Physically Handicapped Pupils		Home Tuition	
	B.	G.	B.	G.	B.	G.	B.	G.
In Ordinary School	19	21	—	—	7	4	—	—
In Special School for Educationally Sub-normal Pupils	—	—	1	2	—	—	—	—
In Residential School for Physically Handicapped Pupils	—	—	—	—	4	2	—	—
At Home—								
(a) Receiving Home Tuition	—	—	—	—	4	4	—	—
(b) Not receiving Home Tuition	—	—	—	—	2	—	—	—
Total	19	21	1	2	17	10	—	—

II. Children of pre-school age .. Boys 10. Girls 7.

III. Children who are ineducable .. Boys 36. Girls 33.

Numerically the problem is not a big one and the establishment of Special Schools—a most costly provision for this type of pupil—can best be met on a national level.

(e) *Epileptic Pupils.*

There are few children who are classified as handicapped epileptic pupils. The child who suffers from only the occasional epileptic attack is not classified as he can be educated in an ordinary school with little upset to the normal school regime. Some cases, however, present very real difficulties. The epileptic child sometimes has very marked behaviour problems and epileptic colonies are reluctant to accept such cases. They are quite unsuitable for ordinary schools. On occasions their behaviour defects have been so alarming that there has been no alternative in three instances but for the children concerned to be admitted to mental hospitals. This will remain a most unsatisfactory solution until such time as special institutions are provided for this type of case. Once again this problem can only be dealt with adequately on a national level.

(f) *Pupils with Speech Defects.*

The following is an extract from the reports of the Speech Therapists :—

“The end of 1950 completes the third year of speech therapy in the County. This service is maintaining steady progress and it is gradually being extended to a larger number of children.

At the beginning of the year 158 children were receiving treatment in the Barry, Pontypridd, and Ystrad Mynach Clinics. A third speech therapist was appointed to the staff in September and additional clinics were set up in Bridgend, Maesteg, and Port Talbot.

The Clinics at Bridgend and Maesteg are ideal for Speech Therapy Clinics since they are large. The clinic at Port Talbot unfortunately has insufficient floor space to accommodate the large classes of stammerers which it has been necessary to call. Since these clinics have been opened barely four months few cases have been discharged, but the majority of cases treated are progressing well.

Attendance at the clinics has been good, except during the latter half of December, when the bad weather prevented most children from attending.

There has been considerable enthusiasm for Speech Therapy shown by the parents of those children being treated and they are most anxious to be advised in methods of handling their children where there are behaviour difficulties. They have also been conscientious in carrying out instructions given them for work at home.

In making a school survey 53 schools in Mid-Glamorgan and Port Talbot were visited. Here again there was considerable enthusiasm shown by the teaching staff, and they were most conscientious in referring all children with speech defects and disorders, however slight.

Unfortunately in November the part-time Speech Therapist resigned her post in Barry and, in order to maintain this clinic, the number of sessions held in Pontypridd was reduced, enabling the Speech Therapist in that area to divide her services between Pontypridd and Barry.

The long waiting list in Pontypridd has been shortened and children from Aberdare, Mountain Ash, and the Rhondda are being admitted. The bus services are good and travelling presents little difficulty. The travelling facilities for the Whitchurch and Rhiwbina children are not so convenient. Most of them attend the Barry Clinic, others prefer to go to Pontypridd.

With the exception of the Ystrad Mynach Clinic, the attendances have improved during the year. The regular treatment of many young children is impossible in cases where the mother is working or is too harassed by difficult housing and shopping conditions to bring the child every week. Many of these children are showing signs of inadequate sleep, an increase in nervous tension, and a resultant lack of concentration. All these factors tend to retard their progress considerably.”

SPEECH THERAPY.

Analysis of Work	Clinics						Total
	Bridgend	Cadoxton (Barry)	Maesteg	Ponty- pridd	Port Talbot	Ystrad Mynach	
Total number of individual cases seen ..	28	75	23	97	42	91	356
Total number of attendances	296	1,097	76	1,140	317	715	3,641
Number of current cases at 31st December, 1950	26	27	21	32	32	26	164
Total number of cases remaining on waiting list at 31st December, 1950	101	9	36	13	47	12	218
Number of cases under observation (imme- diate treatment not necessary)	—	16	—	18	4	16	54

SPEECH THERAPY—*continued.*

	Clinics						Total
	Bridgend	Cadoxton (Barry)	Maesteg	Ponty- pridd	Port Talbot	Ystrad Mynach	
Analysis of Discharged Cases—							
(a) Non-treatment cases :							
(i) Treatment not considered necessary	—	—	—	3	—	6	9
(ii) Failed to attend after diagnosis ..	4	—	4	—	—	—	8
(iii) Travelling difficulties and loss of school work	—	—	—	—	1	—	1
(iv) Unsuitable for treatment	—	1	—	—	1	3	5
Total	4	1	4	3	2	9	23
(b) Treatment cases :							
1. Treatment discontinued for various reasons—							
(i) Poor health	—	—	—	—	—	—	—
(ii) Lack of parental co-operation ..	—	2	—	1	—	1	4
(iii) Poor attendance or non-attendance	—	4	2	8	1	21	36
(iv) Pressure of school work	—	2	—	—	—	2	4
(v) Left district	—	1	—	1	1	1	4
(vi) Left school	—	2	—	7	—	3	12
2. Discharged—speech improved ..	1	7	—	3	1	3	15
3. Discharged—speech normal (cured) ..	1	6	—	6	1	9	23
4. Cases transferred	—	7	—	18	—	—	25
Total	2	31	2	44	4	40	123
General Progress of Cases—							
Much improved	8	18	9	20	14	13	82
Satisfactory	12	22	8	22	12	20	96
Little improvement	5	6	3	4	6	3	27
Temporarily discharged	1	5	1	4	—	6	17
Table of symptoms of cases treated at Clinics—							
Stammering	10	22	15	44	17	36	144
Dyslalia	7	22	3	25	4	18	79
Cleft palate	1	8	1	8	3	5	26
Deafness	2	1	1	2	—	4	10
Lateral "s"	—	9	—	4	1	9	23
Interdental "s"	1	8	—	2	2	3	16
Rhinolalia (nasality)	—	1	—	2	—	—	3
Dysarthria	1	—	—	2	2	1	6
Dysphonia	1	—	—	—	1	1	3
Low I.Q.	2	1	—	2	1	2	8
Retarded speech	1	2	1	3	1	3	11

g) *Deaf and Partially Deaf Children.*

The Welsh Joint Education Committee, acting on behalf of all the Local Education Authorities in Wales and Monmouthshire, has established at Llandrindod Wells a boarding school for deaf and partially deaf pupils, which was opened on the 17th October, 1950.

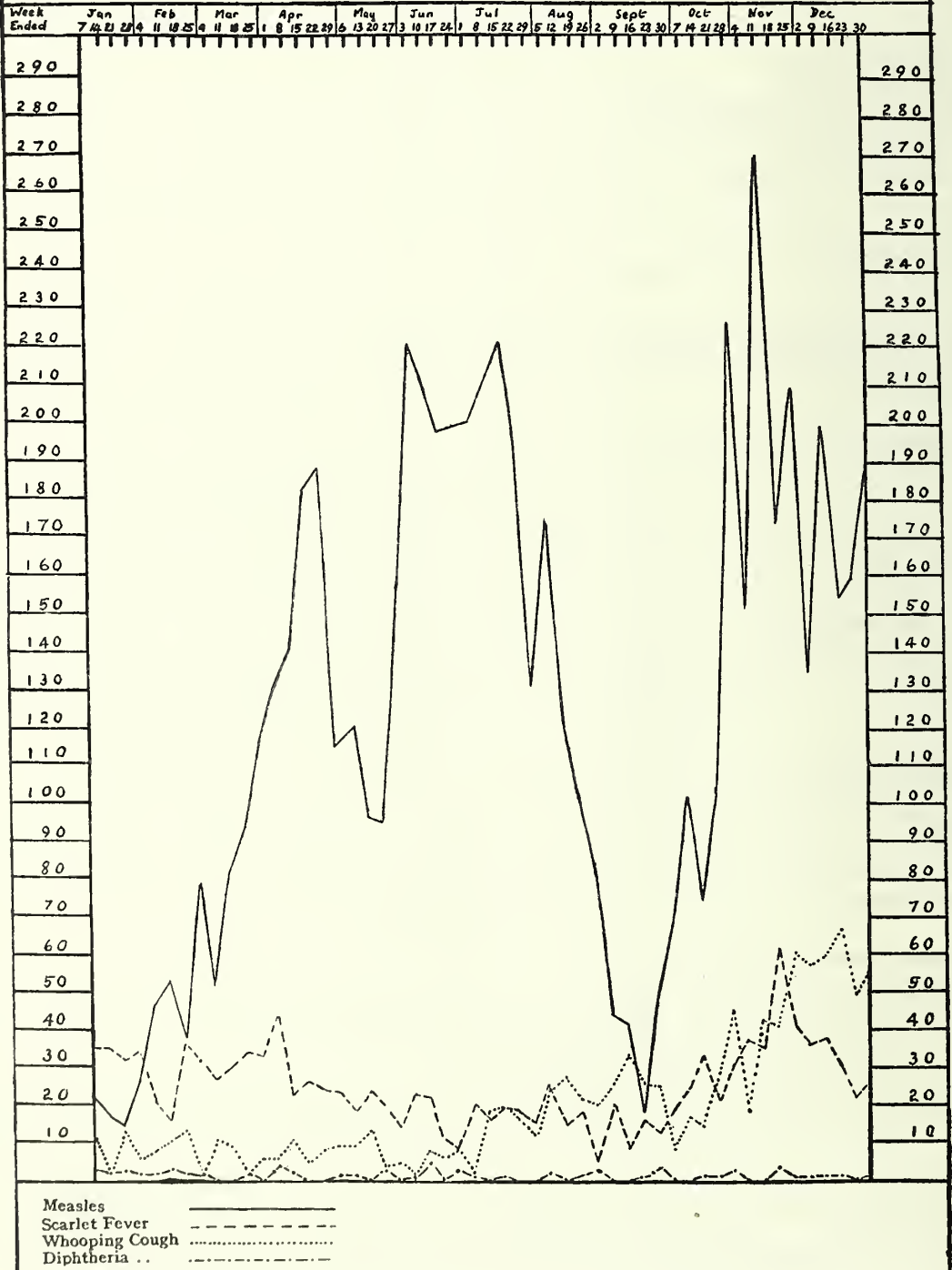
The premises, which had for some time been used as an emergency training college for teachers, are ideally suited for a residential school, and there are ample playing fields, gardens, etc.

The Head of the trained staff at the school is Mr. Louis Bayliss, the former Principal of the Royal Cambrian Residential School for the Deaf, which closed at the end of the summer term.

On the 1st December, 1950, there were 45 Glamorgan pupils at the school.

ADMINISTRATIVE COUNTY OF GLAMORGAN

NOTIFICATION OF INFECTIOUS DISEASES.



4. INFECTIOUS DISEASES.

a) *Diphtheria, Scarlet Fever, Whooping Cough, Measles.*

The incidence of these diseases is discussed at greater length in the Annual Health Report of the County Medical Officer, but since many of the notified cases occur in school children a brief reference should be made to them.

The graph shows the weekly incidence of all cases notified in the Administrative County of Glamorgan during 1950. It is well to note the comparatively small number of diphtheria cases—a tribute to the active immunisation campaigns in the infant welfare clinics which are supplemented by boosting immunisation of school children.

Measles did not follow the usual pattern as the main peak occurred in the autumn rather than in the spring. In the schools the infant departments were most affected. It is possible that the late peak may be attributed to the exceptionally poor weather of the summer. It would appear, having regard to the statistics available at the time of writing, that the incidence of measles in 1951 will be considerably in excess of that for 1950.

b) *Tuberculosis.*

During the year under review a small but very significant outbreak of tuberculosis occurred in a school. Twelve children were found to have developed the disease. Due to prompt co-operation between the staffs of the hospital paediatric service, the chest physicians, the school health service, and the local general practitioners, the outbreak was limited and the children involved were treated without delay. The probable source of infection was ascertained and appropriate measures taken. It would seem almost certain that none of the children will have suffered permanent damage to health. The most pleasing features of this outbreak have been the satisfactory outcome and the demonstration of close liaison that can exist between the various bodies which are responsible for the health of the child.

c) *Ringworm of the Scalp.*

Ringworm, although once very prevalent, in recent years has tended to become rare. There is evidence, however, that it is once again becoming more common. Numerous cases have been reported in the Neath area and several in Whitchurch. Measures are being taken to combat this reappearance.

The hospital facilities for the treatment of children found to be suffering from ringworm of scalp were extended during the year, when an arrangement was made with the Consultant Dermatologist at the Cardiff Royal Infirmary for suitable cases to be referred to him, without appointment, at the Out-patient Clinic session held at the hospital on Tuesday afternoons.

5. SCHOOL DENTAL SERVICE.

	1948	1949	1950
Extractions ..	48,472	41,552	49,245
Fillings	25,337	13,592	11,161
Other treatments ..	17,156	10,410	6,740

Despite the increase in extractions, the above statistics are not satisfactory. They indicate that the preventive aspects of the school dental service are still further diminishing. The school dental service was not created to treat toothache in the child. Its aim should be to preserve the teeth of the school child so that, if possible, he leaves school with a full complement of natural dentures.

The following is the report of Mr. John Young, L.D.S., Senior Dental Officer :—

"I regret very much to report that the gloomy aspect of my 1949 report has not shown any improvement in the year under review. This state of affairs is, of course, mainly due to our poor staffing position. The dental staff have had heavy demands made upon them and the statistics appended reflect to their credit.

At the beginning of the year 1950 the staff of dental officers of Glamorgan County Council, excluding the Rhondda Excepled District, consisted of eight whole-time officers and eight part-time officers. During the year an additional two full-time officers were appointed, but two whole-time officers resigned from our service to enter private practice. One of these resignations took effect at the end of the year, so does not materially affect this report ; the other officer who resigned continued on a part-time engagement. One practitioner joined us on a part-time basis, but after one week decided that our service did not interest him and left us. His very short period of service can, therefore, almost be discounted.

During the year two part-time officers terminated their engagements so that at the end of 1950 our dental staff consisted of nine whole-time officers and seven part-time officers. The amount of time given by part-time officers varies from one to four half-day sessions per week.

Illness, unfortunately, took its toll ; one whole-time officer in the Neath Division was off duty for nearly two months and one part-time officer was ill for the whole year. This naturally still further restricted our activities, but even with these added difficulties it was possible to maintain fairly regular services at 35 centres, which, with the five centres of the Rhondda Excepled District, gave a total of 40 centres for the whole County.

The line of treatment was that previously followed and included the provision of dentures, where these were found to be necessary, the provision of other forms of restoration, such as crowns, inlays, etc., and a limited amount of orthodontic work. In some areas, because of the large numbers presenting themselves for emergency treatment, there was a danger that the appointment system would have to be discontinued and the service deteriorate into a break-down service. Effective action was taken, but the position cannot be completely controlled until an adequate staff is provided.

The divisions in which the newly-appointed officers were placed have materially benefited. The Pontypridd Division, through the loss of a very good part-time officer, has suffered severely and in the town itself it has been impossible to supply any dental service since May, 1950. It was possible in the past to plan ahead but at present our programmes are governed by almost day to day conditions.

Glamorgan is not alone in this sad state of affairs ; indeed, one English authority recently reported that in one month 848 children were given emergency treatment as a result of their inability to give proper routine appointments.

During the year 51,479 children were inspected and 34,416 were found to require treatment, 28,289 children were referred for treatment and 23,376 were actually treated or re-treated, and 48,970 attendances were recorded. 2,486 fillings were inserted into temporary teeth and 8,675 fillings were inserted into permanent teeth, a total of 11,161 fillings. 41,940 temporary teeth and 7,305 permanent teeth were extracted, a total of 49,245 extractions. 6,740 other operations were recorded and 13,150 administrations of nitrous oxide and oxygen were given at gas centres for dental extractions.

In the above figures the number of teeth extracted is regrettably high and is due to the fact that many teeth originally charted at inspection as being saveable were found to be no longer saveable when, after a lengthy wait, the children in question eventually received an appointment. Again the remedy is sufficient dental staff to enable clinic appointments to be offered with the minimum delay. As a consequence of the high extraction demands, conservation of the dentition of children, which is the main pillar of the service, has been sadly neglected. I think the high conservation figures of three divisions reflect credit upon the officers concerned, but still the ratio of extractions to fillings will remain too high until we can cope with the situation in the desirable manner. A true but sad picture is the ratio of the teeth extracted, 49,245, to the number of teeth filled, 9,487. The number of gas sessions has been increased as well as the cases dealt with at each session.

The number of emergencies will, I am afraid, remain high and, as I have already said, unless it is carefully watched, could unbalance our efforts to maintain routine.

The figures given in this report do not represent the total volume of work performed by the dental staff. The other aspect of their work, which will be dealt with in the report of the Medical Officer of Health, deals with the work done for the priority classes, the expectant and nursing mothers and the pre-school age children.

I made mention last year of the hope to make better provision for gas centres in the Neath and District Division by the modification of the existing Maternity and Child Welfare Clinics at Mary Street, Seven Sisters, and Addoldy Road, Glynneath. Part of these modifications has been done and during the year we have been able to hold regular gas sessions at both of these places. It is also hoped to carry out modifications at the Maternity and Child Welfare Clinic at Cefn Parc, Skewen, where treatment, including gas sessions, will be carried out instead of at Coedffranc Schools, as at present. As a result of this the gas session needs of the division will be adequately provided for. Walton gas apparatus has also been installed in Penarth and Talbot Green Clinics to cope with the demands of these areas. It is also hoped that the new clinic now under construction at Whitchurch will be completed next year, which will greatly improve the position there.

As I said last year, orthodontic work has been greatly curtailed. This is very regrettable, for we can do much good in this sphere, but patience and time are both very necessary and time is, at the moment, difficult to spare for elaborate orthodontic treatment. I must say, however, that the satisfactory completion of an orthodontic case is a happy moment for patient, parent, and dentist.

If I have appeared to stress our difficulties, it is because they are ever present to all school dental officers, who are doing all that is possible to ensure that children leave school with healthy mouths and sound teeth."

5. REFRESHER COURSE FOR HEALTH VISITORS AND SCHOOL NURSES.

During Whitsun week an experimental refresher course was held at Duffryn House, which was attended by 36 nurses.

The course was an undoubted success, not only because of the wide range of subject matter of the lectures, but it also provided an opportunity for the health visitors and school nurses from various parts of the County to meet and discuss their problems. It was fortunate that it was possible to obtain the services of lecturers who were specialists in the various topics.

Such a course enables the individual nurse to keep abreast with modern views and assists in the maintenance of a uniform standard of work throughout a County of the size of Glamorgan. As a result of a pooling of experience it was felt that the service as a whole derived benefit. The nurse was made to feel that she was one of a large team, all the members of which were working to one end—to provide in the County of Glamorgan a health visiting and school nursing service which compares very favourably with any in the country.

The course afforded an excellent opportunity for the individual nurse to be informed of the part played by the central office staff in the organisation of the service. In a widely scattered area there is danger that a central department can become too divorced from the practical details. The interchange of ideas and problems was of the utmost value.

The discussion period following each lecture showed the keen interest that was taken in the course, and at the conclusion each nurse returned to her area with a renewed enthusiasm.

The programme of lectures was as follows :—

1st day ..	1.	The School Health Service	..	..	The County Medical Officer.
	2.	Problem Families	..	..	The Deputy County Medical Officer.
	3.	After-care Mental Health	..	..	Dr. J. P. Spillane, Deputy Medical Superintendent, Whitchurch Mental Hospital.
2nd day ..	1.	Handicapped Pupils	..	..	The County Medical Officer.
	2.	The Premature Baby	..	..	Dr. H. R. Stubbins, Divisional Medical Officer, Neath and District Health Division.
	3.	Infant Feeding	..	..	Dr. J. Jacobs, Paediatrician, Cardiff United Group of Hospitals.
3rd day ..	1.	The Work of the Children's Department			The Children's Officer.
	2.	Heredity	..	..	The Deputy County Medical Officer.
	3.	After-care of the Surgical Patient	..		Dr. Melbourne Thomas, Medical Superintendent, Church Village General Hospital.
4th day ..	1.	Public Health Nursing—Scandinavia	..		Miss M. E. Davies, Health Visitor Tutor, Welsh National School of Medicine.
	2.	Group Talks	..	..	The County Superintendent Health Visitor and School Nurse.
	3.	Care of the Aged	..	..	Dr. A. R. Culley, Medical Member, Welsh Board of Health.
5th day ..	1.	After-care of the Tuberculous Patient	..		Dr. S. H. Graham, Chest Physician.
	2.	Discussion.			

7. GENERAL REMARKS.

It is of interest to compare the School Health Service of to-day with that before the first world war. Reading the early reports of the School Medical Officer of Glamorgan one is impressed by the advances which have been made. In those early reports stress was placed upon the need for improved cleanliness and better clothing of school children. An improvement was called for in the design and sanitation of schools.

It would be wrong to state that by to-day we have achieved the ideal in any of these matters but the conditions now existing bear little resemblance to those early days.

Reference has already been made to the cleanliness of the school child and the figures reveal the progress that has been made. It is now rare to receive a report that a child is inadequately or unwisely clothed. Health education has been increasingly active during the past generation. School nurses in the early days did much to educate mothers and the older girls in the simple principles of mothercraft by giving lectures at schools and visiting the homes. The infant welfare clinic and the health visitor have also played an invaluable part in the improved standards of hygiene. No longer are lectures given by nurses at schools but it is hoped that in the near future it will be possible to incorporate some such lectures in the school syllabus.

The badly-lighted and poorly-ventilated school is becoming a thing of the past. The modern designers realise the importance of healthy surroundings if the greatest benefit is to be derived from our education system. It cannot yet be said that our schools are devoid of sanitary problems. There are still schools in rural areas which have sanitary arrangements more in keeping with the nineteenth century.

In the School Health Service, as in the general field of Public Health, there has been a change of emphasis from sanitary problems to positive health considerations. No longer is our primary concern a matter of drains, dirt and disease, but, on the contrary, the aim of the School Health Service to-day is to enable the child to derive the maximum benefit from education even if physically or mentally handicapped. When he leaves school the child should not only be educationally fitted, but also physically fit to meet the difficulties and stresses of adult life as far as his natural capabilities will allow.

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1950.

GENERAL.

The total number of pupils on the registers of the schools in the district at the end of 1950 was 20,809 as compared with 20,774 at the end of the previous year. Of the above total 285 were in the two nursery schools, 13,709 were in primary schools, and 6,815 were in secondary schools (grammar, modern, and technical). There were 3,225 children under five years of age on the registers of the primary schools.

MEDICAL INSPECTION.

During the year 4,266 pupils were medically inspected in the three specified age groups, of whom 1,730 were in the "entrant" group, 1,533 were in the "second" age group, and 1,003 in the "third" age group. In addition, 828 children were examined as "specials" and 6,636 re-inspections were made, so the total number of medical examinations amounted to 11,730.

FINDINGS OF MEDICAL INSPECTION.

The assessment of the "general condition" of the pupils was largely based on their nutritional condition and on the impression of their physical fitness, and the summaries of the results of these assessments by the medical staff indicated that 28·7 per cent of the children examined in the routine age groups were in a "fair" condition and 0·6 per cent were assessed as being in a "bad" condition.

The percentage proportions in the corresponding age groups classified as being in a "good," "fair," and "bad" general condition during 1948, 1949, and 1950 are shown below :—

	No. of children inspected in the three age groups	Good	Fair	Poor
1948	5,337	% 65·0	% 33·10	% 1·9
1949	5,675	73·4	25·7	0·9
1950	4,266	70·7	28·7	0·6

The figures in the above table indicate that there was a slight deterioration in the general condition of the school population of 1950 as compared with 1949, and a further analysis of the figures show that this deterioration was limited to children examined in the "second" and "third" age groups; the general condition of "entrants" was better in 1950 than in 1949. There was a diminution in the number of children who partook of school meals during the year and the climatic conditions in the latter half of the year were very unfavourable for outdoor activities, and it is probable that these two factors had an unfavourable influence on the general condition of the children, especially in that actively growing period of childhood which includes the "second" and "third" age groups.

The medical records of the 26 children who were classified as being in a "poor" condition showed that the majority were suffering from various conditions amenable to appropriate treatment, such as carious teeth, chronic tonsillitis and adenoids, anaemia, etc., whilst in six instances there was evidence of lack of parental care or supervision as indicated by evidence of uncleanness.

The incidence of scabies and impetigo amongst the children examined in the routine age groups compared favourably with that of pre-war years, scabies being diagnosed in 0.1 per cent and impetigo in 0.2 per cent of the children.

As compared with the corresponding figures ascertained in the previous year, the incidence of lung defects was considerably greater in 1950, and there was also a slight increase in the proportion of children requiring treatment for nose and throat and ear defects ; the incidence of defective vision, squint, and heart or circulatory defects was, however, lower amongst the children examined in 1950.

Dental disease, requiring urgent attention, was observed by medical inspectors in 31.2 per cent of the children examined in the code groups.

TREATMENT.

Minor Ailments.

The treatment of minor ailments was undertaken at each of the five school clinics and the numbers of attendances were as follows :—

						<i>Attendances.</i>
Ringworm : Head	..	..	..	..	..	58
Body	..	..	..	..	..	14
Scabies .. ..	..	..	..	..	..	120
Impetigo .. ..	..	..	..	..	..	89
Other skin diseases	..	..	..	..	..	146
Eye defects ..	..	..	..	..	..	28
Ear defects .. ..	..	..	..	..	..	32
Other minor ailments	..	..	..	..	..	4
Uncleanliness : Head	..	..	..	..	..	37
						<hr/>
				Total	.. ..	528

The total number of attendances was approximately a third of that recorded in the previous year, the diminution being largely accounted for by the lower prevalence of contagious skin conditions, such as scabies, ringworm, etc.

Defective Vision.

953 children were examined for refractive errors in the Authority's clinics and appropriate forms (O.S.C.2) were forwarded to the Secretary of the Glamorgan Executive Council to enable the children for whom they were prescribed to obtain suitable glasses.

Chronic Tonsillitis and Adenoids.

560 children obtained operative treatment for these conditions in the local hospitals during the year, as compared with 366 children similarly treated in the previous year.

Orthopaedic Treatment.

Mr. Rocyn Jones, F.R.C.S., Orthopaedic Surgeon, examined 22 children for the first time, and re-examined 59 children at the Carnegie Welfare Centre, Trealaw. The principal conditions on account of which children were referred for primary examination were :—

Talipes	1
Genu Valgum or Varum	5
Pes Valgus	7
Pes Cavus	1
Other defects	8
	<hr/> 22

Six children were admitted to the Prince of Wales Hospital, Cardiff, for in-patient treatment on the recommendation of the orthopaedic surgeon.

Owing to the inability to secure the services of an orthopaedic nurse, the facilities available for the treatment of school children in four of the school clinics continued to be unused with the exception that it was possible to deal with a few of the most urgent cases at the Carnegie Centre, Treallaw, and the following is a summary of the work undertaken :—

Attendances at clinic for :

Remedial exercises	43
Electrical treatment	18
Massage	22
Boots adjusted or repaired	48
Plaster applied	1
Plaster removed	1
Appliance provided	1

Hospital Treatment.

No exact information is available regarding the total number of children of school age who received treatment in hospitals during 1950, apart from those who received operative treatment for chronic tonsillitis and adenoids. During the latter half of the year information was received concerning 62 children who had been admitted to the Church Village General Hospital during that period. Amongst these children, six were found to be suffering from bronchiectasis, five had infection of the mastoid, and three had appendicitis; two of these children died, one from chronic nephritis and the other from liver necrosis following infective hepatitis. The information obtained from the above hospital has proved of interest to the medical and school nursing staff and has enabled the latter to assist in the welfare or after care of these children after their discharge from the hospital.

Dental Treatment.

The treatment available under the School Health Service was reduced owing to the continued lack of sufficient staff, the services of one whole-time dental surgeon and the limited part-time services of two dental surgeons only being devoted to this Service, and the Maternity and Child Welfare Services administered by the Authority. A routine inspection of pupils was undertaken at only one school when 487 were inspected, of whom 379 were referred for treatment, and 3,691 children were examined as "specials." The number of children actually treated during the year was 3,894, and nitrous oxide analgesia was administered on 3,615 occasions. No orthodontic appliances were provided during the year but partial dentures were supplied to eight children.

SCHOOL MEALS AND MILK.

Information relating to the number of school dinners and amount of milk supplied in the schools was not available at the time of the preparation of these observations, but the increase in the price of school meals to 5d. per meal was followed by a diminution in the number of meals consumed. Vendors who supplied milk to the schools were under contract to supply "pasteurised" milk, and 122 samples of school milk, taken during the year, gave satisfactory results on the application of the Phosphatase Test, in each instance.

INFECTIOUS DISEASES.

No confirmed case of diphtheria occurred amongst children of school age, but 118 cases of scarlet fever were notified during the year; this latter disease was widespread over the district but schools in the Treorchy and Mid-Rhondda districts were the most severely involved; 288 children of school age were notified as suffering from measles and this disease was prevalent in the Mid-Rhondda and lower Rhondda areas from May to the beginning of August.

One child of 7 years was notified as suffering from meningococcal infection but the diagnosis was not confirmed.

Five cases of poliomyelitis—three paralytic and two non-paralytic—were notified but one of the non-paralytic cases was not confirmed; the cases lived in the lower parts of the Rhondda Fach and Rhondda Fawr valleys but each case was from a separate school, and no association could be traced between any of them. One boy of 14 years, who suffered from a very acute attack, was certified as having died from the disease; the two other paralytic cases recovered with slight residual paralysis in each instance.

MISCELLANEOUS WORK.

During the year the following miscellaneous work was undertaken by the school medical staff:—

	<i>Number of Children.</i>			
(i) <i>Examinations at clinics :</i>				
For persistent non-attendance at school	40	
Referred by local magistrates	18	
Referred by head teachers or parents	189	
Referred by school medical staff	193	
Re-examinations of above cases	141	
Children for employment	72	
Children for employment in entertainments	3	
Examinations of nursery assistants	32	
Boarded-out children : Primary examinations	51	
Re-examinations	63	
(ii) <i>Examinations at schools :</i>				
Children selected for school holiday camps	222	
Total	1,024	

CONCLUSION.

(a) The records of medical inspection indicate that the health of the school population in the district was well maintained but there was a slight increase in respiratory infections as compared with the previous year.

(b) There are adequate facilities for undertaking dental and orthopaedic treatment in the clinics provided by the Authority but, unfortunately, these facilities are only partly utilised in respect of dental treatment and are remaining unused in respect of orthopaedic treatment; it would be of great advantage to the health and well-being of the school children if these clinics could be fully staffed.

(c) Some of the reports received after the discharge of children from hospital have suggested that arrangements be made for their retention in a residential school or hospital school for several months prior to the resumption of attendance at an ordinary school; it would be of advantage if such accommodation were available in South Wales as parents are somewhat reluctant or hesitant to allow their children to be admitted to schools situated at a considerable distance from their homes.

1950.
STATISTICAL APPENDIX.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in Prescribed Groups :—

Group	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants	3,415	1,181	1,767	957	1,072	925	1,152	859	1,730	13,058
Second Age Group	1,066	956	1,055	789	972	810	690	820	1,533	8,691
Third Age Group	1,283	937	1,129	721	903	496	410	510	1,003	7,392
Total	5,764	3,074	3,951	2,467	2,947	2,231	2,252	2,189	4,266	29,141
Bridgend Blind School ..	—	—	91	—	—	—	—	—	—	91
Grand Total	5,764	3,074	4,042	2,467	2,947	2,231	2,252	2,189	4,266	29,232

B.—OTHER INSPECTIONS.

Group	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Special Inspections	2,100	649	178	821	1,330	1,065	516	854	828	8,341
Re-inspections	3,179	2,591	1,878	1,696	2,556	1,877	1,231	3,287	6,636	24,931
Total	5,279	3,240	2,056	2,517	3,886	2,942	1,747	4,141	7,464	33,272

C.—PUPILS FOUND TO REQUIRE TREATMENT.

(i) For Defective Vision (excluding Squint) :—

Group	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants	41	12	19	3	17	3	10	27	3	135
Second Age Group	116	78	39	35	86	61	59	77	145	696
Third Age Group	94	91	50	45	82	31	63	43	69	568
Total	251	181	108	83	185	95	132	147	217	1,399
Bridgend Blind School ..	—	—	—	—	—	—	—	—	—	—
Grand Total	251	181	108	83	185	95	132	147	217	1,399

TABLE I.C.—PUPILS FOUND TO REQUIRE TREATMENT—*continued*.

(ii) For any other conditions recorded in Table IIA :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Trants	239	310	185	223	310	207	388	137	423	2,422
nd Age Group	113	178	75	74	155	162	131	118	263	1,269
d Age Group	117	145	29	46	131	81	97	41	115	802
Total	469	633	289	343	596	450	616	296	801	4,493
Legend Blind School ..	—	—	14	—	—	—	—	—	—	14
Grand Total	469	633	303	343	596	450	616	296	801	4,507

(iii) Total number of individual pupils requiring treatment :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Trants	276	318	203	224	322	207	392	159	425	2,526
nd Age Group	210	240	114	108	221	203	177	181	386	1,840
d Age Group	189	215	79	86	193	106	145	81	165	1,259
Total	675	773	396	418	736	516	714	421	976	5,625
Legend Blind School ..	—	—	14	—	—	—	—	—	—	14
Grand Total	675	773	410	418	736	516	714	421	976	5,639

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1950.

(i) Periodic Inspections—Number of Defects requiring treatment :—

Defect or Disease.	Aber- dare.	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	8	28	4	19	5	26	14	22	59	185
Eyes—(a) Vision	251	181	108	83	185	95	132	147	217	1,399
(b) Squint	11	28	11	25	1	27	30	12	37	182
(c) Other	—	20	3	5	1	3	17	3	42	94
Ears—(a) Hearing	—	8	7	5	8	1	8	1	23	61
(b) Otitis Media ..	6	3	4	1	—	7	4	—	15	40
(c) Other	1	9	1	4	—	1	3	2	7	28
Nose or Throat	119	128	139	104	84	105	54	106	176	1,015
Speech	5	17	22	2	11	7	14	1	29	108
Cervical Glands	—	11	7	19	—	17	2	3	70	129
Heart and Circulation ..	2	3	5	3	3	8	8	2	87	121
Lungs	22	23	12	38	14	30	11	6	155	311
Developmental—(a) Hernia ..	—	—	—	—	—	1	—	—	2	3
(b) Other ..	2	—	1	—	—	2	4	9	25	43
Orthopaedic—(a) Posture ..	86	37	9	9	29	26	30	12	75	313
(b) Flat Foot ..	96	275	30	52	173	174	229	43	31	1,103
(c) Other ..	102	111	42	72	164	33	271	27	38	860
Nervous System—(a) Epilepsy ..	—	—	1	—	—	1	—	—	5	7
(b) Other ..	—	1	2	1	—	—	4	3	2	13
Psychological—										
(a) Development	—	4	—	2	9	2	1	1	7	26
(b) Stability	—	—	—	—	—	—	—	1	1	2
Other Defects and Diseases ..	9	36	20	23	161	13	17	58	14	35
Totals	720	923	428	467	848	579	853	459	1,117	6,399

TABLE II.A (ii)—PERIODIC INSPECTIONS—*continued*.

Number of Defects requiring to be kept under observation, but not requiring treatment :—

Defect or Disease.	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total.
Skin	40	51	52	18	18	6	8	12	59	264
Eyes—(a) Vision	87	58	5	9	48	23	36	7	102	375
(b) Squint	31	20	1	8	2	19	8	3	33	125
(c) Other	17	33	4	5	8	2	11	2	10	92
Ears—(a) Hearing	5	14	7	1	9	3	9	2	15	65
(b) Otitis Media ..	29	18	7	4	—	8	7	1	6	80
(c) Other	1	26	7	9	10	4	7	2	7	73
Nose or Throat	1,118	523	391	265	305	309	197	274	720	4,102
Speech	18	13	15	11	8	3	15	3	36	122
Cervical Glands	131	314	239	307	68	205	42	108	651	2,065
Heart and Circulation ..	74	141	124	28	51	62	47	33	210	770
Lungs	143	224	164	51	38	62	33	39	100	854
Developmental—(a) Hernia ..	16	8	8	—	3	11	—	—	5	51
(b) Other	115	5	14	3	1	3	2	4	104	251
Orthopaedic—(a) Posture ..	19	15	13	5	3	6	34	12	42	149
(b) Flat Foot	62	86	39	4	41	19	36	11	17	315
(c) Other	215	44	87	18	85	32	25	26	67	599
Nervous System—(a) Epilepsy	1	5	6	—	—	4	3	1	1	21
(b) Other	15	9	8	1	—	6	4	3	2	48
Psychological—										
(a) Development	6	16	1	9	—	9	—	2	29	72
(b) Stability	3	2	—	1	—	2	—	3	8	19
Other Defects and Diseases ..	61	116	13	52	113	11	25	11	38	440
Totals	2,207	1,741	1,205	809	811	809	549	559	2,262	10,952

TABLE II.A.—*continued*.

(iii) Special Inspections—Number of Defects requiring treatment :—

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	28	12	—	5	5	16	2	12	9	89
Eyes—(a) Vision	56	35	4	25	77	15	17	23	75	327
(b) Squint	8	2	—	—	1	4	2	1	5	23
(c) Other	—	1	—	6	—	—	4	2	5	18
Ears—(a) Hearing	—	8	1	8	11	1	5	5	5	44
(b) Otitis Media ..	18	2	—	—	2	13	13	2	13	63
(c) Other	2	14	1	6	—	2	4	2	—	31
Nose or Throat	276	94	23	90	143	219	183	132	23	1,183
Speech	8	7	2	10	9	9	4	1	10	60
Cervical Glands	1	8	—	54	—	5	11	4	—	83
Heart and Circulation ..	5	9	2	1	6	17	7	1	20	68
Lungs	57	28	4	17	4	44	6	18	11	189
Developmental—(a) Hernia ..	—	1	—	1	—	1	3	—	—	6
(b) Other	—	2	—	1	—	3	1	8	4	19
Orthopaedic—(a) Posture ..	10	3	—	3	3	2	3	4	4	32
(b) Flat Foot	32	18	—	5	19	15	9	10	3	111
(c) Other	17	9	1	9	24	15	3	5	5	88
Nervous System—(a) Epilepsy	1	1	—	5	—	—	1	1	2	11
(b) Other	—	—	4	—	—	9	—	2	1	16
Psychological—										
(a) Development	—	31	30	19	68	4	3	17	4	176
(b) Stability	—	2	1	1	—	1	2	2	4	13
Other Defects and Diseases ..	14	37	2	13	137	10	3	16	10	242
Totals	533	324	75	279	509	405	286	268	213	2,892

TABLE II.A (iv)—SPECIAL INSPECTIONS—*continued*.

Number of Defects requiring to be kept under observation, but not requiring treatment :—

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	11	11	1	6	—	8	1	20	1	59
Eyes—(a) Vision	10	4	—	—	5	5	7	3	5	39
(b) Squint	5	2	—	1	—	3	1	—	1	13
(c) Other	—	5	—	2	2	2	—	2	—	13
Ears—(a) Hearing	1	16	2	3	9	6	4	1	—	42
(b) Otitis Media	15	—	—	—	1	18	9	6	—	49
(c) Other	1	10	—	4	2	1	2	2	1	23
Nose or Throat	322	81	3	122	131	133	91	144	17	1,044
Speech	19	3	1	5	11	12	1	5	1	58
Cervical Glands	28	35	2	96	12	50	13	27	19	282
Heart and Circulation ..	54	35	5	7	66	32	12	32	14	257
Lungs	111	49	2	46	8	91	5	37	6	355
Developmental—(a) Hernia ..	5	—	—	—	—	1	1	—	—	7
(b) Other	15	—	—	1	—	11	1	11	2	41
Orthopaedic—(a) Posture ..	6	1	—	3	3	7	—	1	1	22
(b) Flat Foot	1	8	—	1	2	4	1	3	1	21
(c) Other	7	7	—	—	14	8	3	13	2	54
Nervous System—(a) Epilepsy	8	2	—	2	—	10	2	—	—	24
(b) Other	14	4	—	—	—	13	—	7	—	38
Psychological—										
(a) Development	32	15	—	1	1	6	1	6	42	104
(b) Stability	1	1	—	—	—	2	—	—	5	9
Other Defects and Diseases ..	96	69	2	17	48	15	9	9	3	268
Totals	762	358	18	317	315	438	164	329	121	2,822

TABLE II—continued.
B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

(i) Entrants :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	2,597	76.05	365	30.90	556	31.47	189	19.75	823	76.77	209	22.59	361	31.34	607	70.66	1,427	82.48	7,134	54.63
B—Fair ..	799	23.39	731	61.90	1,176	66.55	716	74.82	221	20.62	679	73.41	775	67.27	230	26.78	293	16.94	5,620	43.04
C—Poor ..	19	0.56	85	7.20	35	1.98	52	5.43	28	2.61	37	4.00	16	1.39	22	2.56	10	0.58	304	2.33
Total ..	3,415		1,181		1,767		957		1,072		925		1,152		859		1,730		13,058	

(ii) Second Age Group.

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	955	89.59	212	22.18	328	31.09	146	18.51	451	46.40	247	30.49	221	32.03	490	59.76	962	62.75	4,012	46.16
B—Fair ..	111	10.41	622	65.06	697	66.07	619	78.45	445	45.78	469	57.90	440	63.77	293	35.73	560	36.53	4,256	48.97
C—Poor ..	—	—	122	12.76	30	2.84	24	3.04	76	7.82	94	11.61	29	4.20	37	4.51	11	0.72	423	4.87
Total ..	1,066		956		1,055		789		972		810		690		820		1,533		8,691	

(iii) Third Age Group :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	1,018	79.34	238	25.40	350	31.00	176	24.41	512	56.70	169	34.07	101	24.63	331	64.90	626	62.41	3,521	47.63
B—Fair ..	258	20.11	640	68.30	763	67.58	534	74.06	304	33.67	305	61.49	274	66.83	167	32.75	372	37.09	3,617	48.93
C—Poor ..	7	0.55	59	6.30	16	1.42	11	1.53	87	9.63	22	4.44	35	8.54	12	2.35	5	0.50	254	3.44
Total ..	1,283		937		1,129		721		903		496		410		510		1,003		7,392	

TABLE II. B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR—*continued*.
(iv) Bridgend Blind School :—

	A—Good.		B—Fair.		C—Poor.		Total No. Inspected.
	No.	%	No.	%	No.	%	
	28	30.77	57	62.64	6	6.59	91

(v) Combined Age Groups and Bridgend Blind School :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	4,570	79.29	815	26.51	1,262	31.22	511	20.71	1,786	60.60	625	28.01	683	30.33	1,428	65.24	3,015	70.67	14,695	50.27
B—Fair ..	1,168	20.26	1,993	64.84	2,693	66.63	1,869	75.76	970	32.92	1,453	65.13	1,489	66.12	690	31.52	1,225	28.72	13,550	46.35
C—Poor ..	26	0.45	266	8.65	87	2.15	87	3.53	191	6.48	153	6.86	80	3.55	71	3.24	26	0.61	987	3.38
Total ..	5,764		3,074		4,042		2,467		2,947		2,231		2,252		2,189		4,266		29,232	

TABLE III.

A.—INFESTATION WITH VERMIN.

	Glamorgan		Rhondda		Total
(i) Total number of examinations in the schools by the School Nurses or other authorised persons	281,917		92,270		374,187
(ii) Total number of individual pupils found to be infested	12,163		857		13,020
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—		—		—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—		—		—

B.—(i) UNCLEANLINESS.

SHOWING THE RESULT OF THE EXAMINATION AND RE-EXAMINATION OF PUPILS IN REGARD TO CLEANLINESS BY THE SCHOOL NURSES.
Boys

	Aberdare		Cacrphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations	27946		14509		14924		17708		13332		10752		12152		21355		23547		156225	
Head—																				
Clean ..	27867	99.72	14297	98.54	14784	99.06	17649	99.67	13117	98.39	10399	99.51	11933	98.20	21315	99.81	23269	98.82	154930	99.17
Nits ..	79	0.28	205	1.41	134	0.90	53	0.30	209	1.57	51	0.47	210	1.73	40	0.19	270	1.15	1251	0.80
Pediculi and sores ..	—	—	7	0.05	6	0.04	6	0.03	6	0.04	2	0.02	9	0.07	—	—	8	0.03	44	0.03
Body—																				
Clean ..	27924	99.92	14419	99.38	14828	99.36	17693	99.92	13300	99.76	10737	99.86	12113	99.68	21329	99.88	23502	99.81	155845	99.757
Dirty ..	22	0.08	89	0.61	96	0.64	15	0.08	30	0.23	15	0.14	39	0.32	26	0.12	45	0.19	377	0.241
Vermineous ..	—	—	1	0.01	—	—	—	—	2	0.01	—	—	—	—	—	—	—	—	3	0.002
Clothing—																				
Clean ..	27927	99.93	14404	99.28	14759	98.89	17687	99.88	13296	99.73	10736	99.85	12106	99.62	21333	99.90	23511	99.85	155759	99.70
Dirty ..	19	0.07	105	0.72	165	1.11	21	0.12	36	0.27	16	0.15	46	0.38	22	0.10	36	0.15	466	0.30
No. of re-examinations ..	766		2136		967		352		1347		655		1274		866		23124		31487	
Head—																				
Clean ..	413	53.92	1504	70.41	615	63.60	145	41.19	1036	76.91	405	61.83	1094	85.87	690	79.68	22928	99.15	28830	91.56
Nits ..	353	46.08	622	29.12	351	36.30	201	57.10	301	22.35	239	36.49	175	13.74	176	20.32	190	0.82	2608	8.28
Pediculi and sores ..	—	—	10	0.47	1	0.10	6	1.71	10	0.74	11	1.68	5	0.39	—	—	6	0.03	49	0.16
Body—																				
Clean ..	668	87.21	1794	83.99	814	84.18	233	66.19	1110	82.41	595	90.84	1250	98.12	776	89.61	23093	99.866	30333	96.335
Dirty ..	98	12.79	342	16.01	149	15.41	119	33.81	229	17.00	60	9.16	24	1.88	90	10.39	30	0.130	1141	3.624
Vermineous ..	—	—	—	—	4	0.41	—	—	8	0.59	—	—	—	—	—	—	1	0.004	13	0.041
Clothing—																				
Clean ..	645	84.20	1772	82.96	790	81.70	235	66.76	1118	83.00	587	89.62	1250	98.12	784	90.53	23102	99.90	30283	96.18

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations	25495		11952		13454		15716		11801		9790		12236		18979		22902		142325	
Head—																				
Clean ..	25002	98.07	13312	94.65	13003	96.65	15289	97.28	10928	92.60	9441	96.44	11554	94.42	18794	99.02	20890	91.21	136213	95.706
Nits ..	493	1.93	616	5.15	434	3.22	405	2.58	868	7.36	335	3.42	675	5.52	184	0.97	1962	8.57	5972	4.196
Pediculi and sores ..	—	—	24	0.20	17	0.13	22	0.14	5	0.04	14	0.14	7	0.06	1	0.01	50	0.22	140	0.098
Body—																				
Clean ..	25475	99.92	11893	99.51	13422	99.76	15711	99.97	11774	99.77	9786	99.96	12208	99.77	18962	99.91	22895	99.97	142126	99.86
Dirty ..	20	0.08	59	0.49	32	0.24	5	0.03	27	0.23	4	0.04	28	0.23	17	0.09	7	0.03	199	0.14
Vermineous ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clothing—																				
Clean ..	25474	99.92	11882	99.41	13421	99.75	15712	99.97	11769	99.73	9781	99.91	12207	99.76	18968	99.94	22896	99.97	142110	99.85
Dirty ..	21	0.08	70	0.59	33	0.25	4	0.03	32	0.27	9	0.09	29	0.24	11	0.06	6	0.03	215	0.15
No. of re-examinations ..	3406		3979		2597		1976		3312		1663		2422		2098		22697		44150	
Head—																				
Clean ..	2445	71.79	1609	40.44	984	37.89	153	7.74	1360	41.06	659	39.63	1380	56.98	881	41.99	21183	93.33	30654	69.431
Nits ..	961	28.21	2302	57.85	1569	60.42	1736	87.86	1873	56.55	972	58.45	1028	42.44	1216	57.96	1493	6.58	13150	29.785
Pediculi and sores ..	—	—	68	1.71	44	1.69	87	4.40	79	2.39	32	1.92	14	0.58	1	0.05	21	0.09	346	0.784
Body—																				
Clean ..	3314	97.30	3777	94.92	2490	95.88	1891	95.70	3098	93.54	1635	98.32	2413	99.63	2041	97.28	22689	99.96	43348	98.18
Dirty ..	92	2.70	202	5.08	102	3.93	85	4.30	205	6.19	18	1.08	9	0.37	57	2.72	8	0.04	778	1.76
Vermineous ..	—	—	—	—	5	0.19	—	—	9	0.27	10	0.60	—	—	—	—	—	—	24	0.06
Clothing—																				
Clean ..	3317	97.39	3712	93.29	2471	95.15	1887	95.50	3095	93.45	1641	98.68	2413	99.63	2049	97.66	22688	99.96	43273	98.01
Dirty ..	89	2.61	267	6.71	126	4.85	89	4.50	217	6.55	22	1.32	9	0.37	49	2.34	9	0.04	877	1.99

C.—VISITS TO HOMES BY SCHOOL NURSES.

		Aber-dare		Caer-philly		Mid-Glam.		Neath		Ponty-pridd		Port Talbot		S.E. East		West Glam.		Rhondda		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total number of visits paid to homes		4,452		5,467		2,688		2,716		1,921		1,974		1,495		3,856		3,535		28,104	

TABLE IV.

RETURN OF HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

A.—NUMBER OF HANDICAPPED PUPILS NEWLY PLACED IN SPECIAL SCHOOLS OR HOMES DURING THE YEAR

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	1	1	—	—	2
B. Partially Sighted	—	—	—	—	—	1	2	—	2	5
C. Deaf	—	4	1	2	1	—	1	—	2	11
D. Partially Deaf	—	1	1	1	—	—	2	—	—	5
E. Delicate	5	—	—	1	—	—	—	—	—	6
F. Educationally Sub-normal	16	—	—	—	3	—	8	—	—	27
G. Epileptic	—	—	—	—	1	—	—	—	1	2
H. Maladjusted	—	1	1	—	2	2	—	—	—	6
I. Physically Handicapped	3	—	1	—	3	—	2	—	—	9
Total	24	6	4	4	10	4	16	—	5	79

B.—NUMBER OF HANDICAPPED PUPILS NEWLY ASCERTAINED AS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN HOMES.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	1	—	—	1	—	—	2
B. Partially Sighted	—	—	1	3	—	1	—	—	3	8
C. Deaf	1	3	1	2	1	1	—	1	—	10
D. Partially Deaf	—	2	—	2	1	—	—	—	—	5
E. Delicate	6	—	2	1	1	—	—	—	26	36
F. Educationally Sub-normal	19	8	12	1	12	3	2	5	24	89
G. Epileptic	—	—	—	1	1	—	—	—	2	4
H. Maladjusted	—	2	2	—	2	2	1	—	—	9
I. Physically Handicapped	3	2	3	2	1	—	1	—	8	20
Total	29	17	21	13	19	7	5	6	63	182

TABLE IV—*continued.*

C.—(i) (a) NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL DAY SCHOOLS ON THE 1ST DECEMBER, 1950.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Deaf	—	—	—	—	—	—	—	—	—	—
Delicate	20	—	—	—	—	—	—	—	1	21
Educationally Sub-normal	65	2	—	—	16	—	26	—	—	109
Epileptic	—	—	—	—	—	—	—	—	—	—
Maladjusted	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	13	—	—	—	—	—	—	—	—	13
Total	98	2	—	—	16	—	26	—	1	143

C.—(i) (b) NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL BOARDING SCHOOLS ON THE 1ST DECEMBER, 1950.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	3	2	2	4	1	3	3	1	4	23
Partially Sighted.. ..	6	4	4	3	1	4	4	1	7	34
Deaf	1	13	8	6	4	2	7	2	8	51
Partially Deaf	1	1	1	1	—	—	2	—	—	6
Delicate	—	—	—	1	1	—	—	—	—	2
Educationally Sub-normal	—	1	3	1	1	1	2	—	1	10
Epileptic	—	—	—	—	1	—	—	—	3	4
Maladjusted	—	—	—	—	1	—	—	—	—	1
Physically Handicapped	1	3	2	—	4	1	3	—	—	14
Total	12	24	20	16	14	11	21	4	23	145

TABLE IV—*continued.*

C.—(ii) NUMBER OF HANDICAPPED PUPILS BOARDED IN HOMES ON THE 1ST DECEMBER, 1950.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	T
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf	—	—	—	—	—	—	—	—	—	—
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
G. Epileptic	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	1	—	—	1	—	1	—	—	—
I. Physically Handicapped	—	—	—	—	—	—	—	—	—	—
Total	—	1	—	—	1	—	1	—	—	—

C.—(iii) NUMBER OF HANDICAPPED PUPILS ATTENDING INDEPENDENT SCHOOLS UNDER ARRANGEMENTS MADE BY THE AUTHORITY ON THE 1ST DECEMBER, 1950.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	T
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf	—	—	—	—	—	—	—	—	—	—
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	—	—	1	1	—	—	—
G. Epileptic	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	1	1	—	—	—

TABLE IV—continued.

D.—NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944.

(a) IN HOSPITALS.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Deaf	—	—	—	—	—	—	—	—	—	—
Delicate	—	—	—	—	—	—	—	—	—	—
Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—
Maladjusted	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—

—NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944.

(b) ELSEWHERE.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Deaf	—	—	—	—	—	—	—	—	—	—
Delicate	—	—	—	—	—	—	—	—	—	—
Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—
Maladjusted	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	1	2	3	—	1	1	3	2	2	15
Total	1	2	3	—	1	1	3	2	2	15

TABLE IV—*continued*.

E.—NUMBER OF HANDICAPPED PUPILS REQUIRING PLACES IN SPECIAL SCHOOLS (INCLUDING ANY SUCH UNPLACED CHILDREN WHO ARE TEMPORARILY RECEIVING HOME TUITION).

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	2	—	—	2	—	—	2
B. Partially Sighted .. .	—	—	1	4	—	—	—	—	4	4
C. Deaf	2	4	3	1	2	1	—	1	—	11
D. Partially Deaf .. .	—	2	—	1	1	—	1	—	—	3
E. Delicate	1	1	7	4	1	1	1	—	81	93
F. Educationally Sub-normal	9	52	45	24	40	17	17	24	76	300
G. Epileptic	1	1	—	2	1	—	—	2	2	7
H. Maladjusted	—	2	1	2	1	—	2	—	2	8
I. Physically Handicapped	2	2	9	5	4	6	3	1	11	43
Total	15	64	66	45	50	25	26	28	176	499

TABLE V.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1. A.—DISEASES OF THE SKIN (excluding Uncleanliness for which see Table III).

Disease or Defect	Number of cases treated or under treatment during the year under the Authority's scheme									
	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm— (i) Scalp .. .	1	—	—	21	—	—	3	—	14	38
(ii) Body .. .	7	—	—	23	—	2	5	—	8	37
Scabies	4	—	—	12	—	1	6	—	38	51
Impetigo	6	—	—	89	4	11	12	—	38	140
Other Skin Diseases .. .	87	—	—	74	12	18	61	—	52	202
Total	105	—	—	219	16	32	87	—	150	609

TABLE V—*continued.*TREATMENT TABLE—*continued.*

GROUP 1. B.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III).

Defect or Disease	Number of cases treated or under treatment during the year otherwise than under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
ingworm— (i) Scalp	—	4	31	1	—	—	4	1	—	41
(ii) Body	—	5	—	—	—	—	1	—	—	6
abies	—	8	5	7	13	—	3	—	—	36
mpetigo	—	24	2	8	—	—	2	1	1	38
her Skin Diseases	—	72	12	6	—	—	2	11	80	183
Total	—	113	50	22	13	—	12	13	81	304

GROUP 2. A.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

Disease or Defect	Number of cases dealt with under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
ternal and other, excluding errors of refraction and squint	191	—	—	97	12	6	109	—	28	443
ors of refraction (including squint)	632	1521	1412	494	994	704	490	1136	953	8336
Total	823	1521	1412	591	1006	710	599	1136	981	8779
number of pupils for whom spectacles were										
(a) Prescribed	596	513	570	150	458	322	117	306	859	3891
(b) Obtained	—	268	190	169	173	309	75	267	—	1451

TABLE V—*continued*.TREATMENT TABLE—*continued*.

GROUP 2. B.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

Defect or Disease	Number of cases dealt with otherwise than under the Authority's scheme									
	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
External and other, excluding errors of refraction and squint	—	30	3	6	2	31	4	7	42	125
Errors of refraction (including squint)	—	—	—	—	—	—	—	—	44	44
Total	—	30	3	6	2	31	4	7	86	169
Number of pupils for whom spectacles were										
(a) Prescribed	—	14	—	—	—	—	—	—	21	35
(b) Obtained	—	8	—	—	—	—	—	—	18	26

GROUP 3. A.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases treated under the Authority's scheme									
	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
(a) For diseases of the ear ..	—	—	—	—	—	—	—	—	—	—
(b) For adenoids and chronic tonsillitis	—	—	—	—	—	—	—	—	—	—
(c) For other nose and throat conditions	—	—	—	—	—	—	—	—	—	—
Received other forms of treatment	98	—	—	—	10	6	71	—	16	201
Total	98	—	—	—	10	6	71	—	16	201

TABLE V—*continued*.TREATMENT TABLE—*continued*.

GROUP 3. B.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases treated otherwise than under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	SE. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
a) For diseases of the ear ..	9	7	1	1	4	71	57	3	56	209
b) For adenoids and chronic tonsillitis	303	136	367	359	169	260	422	166	560	2742
c) For other nose and throat conditions	6	2	—	—	—	82	—	2	6	98
Received other forms of treatment	34	73	—	56	1	—	5	—	157	326
Total	352	218	368	416	174	413	484	171	779	3375

GROUP 4. ORTHOPAEDIC AND POSTURAL.

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. treated as in-patients in hospitals	5	2	9	14	3	12	1	1	6	53
No. treated otherwise, e.g. in clinics or out-patient departments under the Authority's scheme ..	1125	677	553	316	563	491	785	576	22	5108
No. treated otherwise, e.g. in clinics or out-patient departments other than under the Authority's scheme	—	8	—	27	15	9	62	—	31	152

TABLE V—*continued*.TREATMENT TABLE—*continued*.

GROUP 5. CHILD GUIDANCE TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Tota
(a) No. of pupils treated at Child Guidance Clinics under the Authority's scheme	—	—	—	—	—	—	—	—	—	—
(b) No. of pupils treated at Child Guidance Clinics otherwise than under the Authority's scheme ..	4	2	8	6	10	7	14	1	3	55

GROUP 6. SPEECH THERAPY.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Tota
(a) No. of pupils treated by the Authority's Speech Ther- apists	9	90	44	8	82	29	87	5	2	356
(b) No. of pupils treated other- wise	—	—	—	—	—	—	—	—	—	—

GROUP 7. A.—OTHER TREATMENT GIVEN.

	Number of cases treated under the Authority's scheme									
	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Tota
(a) Miscellaneous minor ail- ments	583	—	—	737	278	93	343	—	—	2034
(b) Other	—	—	—	—	—	—	—	—	—	—
Total	583	—	—	737	278	93	343	—	—	2034

TABLE V—*continued.*TREATMENT TABLE—*continued.*

GROUP 7. B.—OTHER TREATMENT GIVEN.

	Number of cases treated otherwise than under the Authority's scheme									
	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
a) Miscellaneous minor ailments	—	42	32	2	—	—	18	—	—	94
b) Other—										
(i) Alimentary system ..	—	—	82	—	—	—	—	—	—	82
(ii) Cardiovascular system	—	—	18	6	—	—	—	—	—	24
(iii) Rheumatic (including chorea)	—	6	—	1	—	—	—	—	—	7
(iv) Anaemia	—	11	—	—	—	—	—	—	—	11
(v) Respiratory system ..	—	65	112	5	—	—	—	—	—	182
(vi) Nervous system ..	—	7	4	—	—	—	—	—	—	11
(vii) Genito urinary system	—	—	7	—	—	—	—	—	—	7
viii) Infectious diseases ..	—	—	100	—	—	—	—	—	—	100
(ix) Injuries	—	9	52	—	—	—	—	—	—	61
(x) Osteomyelitis ..	—	—	—	2	—	—	—	—	—	2
Total	—	140	407	16	—	—	18	—	—	581

TABLE VI.

DENTAL INSPECTION AND TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(1) No. of pupils inspected by the Authority's Dental Officers—										
(a) Periodic age groups	16,775	—	3,340	6,789	—	640	4,339	6,362	487	38,732
(b) Specials	960	1,106	2,326	373	715	2,234	1,288	54	3,691	12,747
Total (1) ..	17,735	1,106	5,666	7,162	715	2,874	5,627	6,416	4,178	51,479
(2) No. found to require treat- ment	8,820	1,062	4,162	4,177	674	2,557	3,789	5,105	4,070	34,416
(3) No. referred for treatment	4,625	1,313	4,435	3,120	620	2,506	2,978	4,622	4,070	28,289
(4) No. treated	4,656	960	3,189	2,413	601	2,276	2,463	2,924	3,894	23,376
(5) Attendances for treatment	8,305	3,923	7,069	6,866	1,493	6,151	4,835	5,090	5,238	48,970
(6) Half-days devoted to—										
Inspection	151	—	47	87	—	6	57	79	4	431
Treatment	800	418	821	643	154	701	423	519	500	4,979
Total (6) ..	951	418	868	730	154	707	480	598	504	5,410
(7) Filling—										
Permanent teeth ..	952	642	510	1,990	167	1,218	874	1,340	982	8,675
Temporary teeth ..	766	7	178	532	192	260	186	358	7	2,486
Total (7) ..	1,718	649	688	2,522	359	1,478	1,060	1,698	989	11,161
(8) No. of teeth filled—										
Permanent	949	497	314	1,990	167	958	874	1,108	480	7,337
Temporary	766	7	127	532	187	154	186	184	7	2,150
Total (8) ..	1,715	504	441	2,522	354	1,112	1,060	1,292	487	9,487
(9) Extractions—										
Permanent teeth ..	793	466	926	770	201	733	1,237	640	1,539	7,305
Temporary teeth ..	6,041	2,365	5,974	5,558	1,258	4,780	6,782	3,086	6,096	41,940
Total (9) ..	6,834	2,831	6,900	6,328	1,459	5,513	8,019	3,726	7,635	49,245
(10) Administrations of general anaesthetics for extractions	3,018	1,137	1,323	431	410	662	1,815	739	3,615	13,150
(11) Other operations—										
Permanent teeth ..	1,487	42	590	1,659	160	839	43	203	320	5,343
Temporary teeth ..	556	13	322	185	50	49	63	79	80	1,397
Total (11) ..	2,043	55	912	1,844	210	888	106	282	400	6,740